



Unannounced Follow-up Care Inspection Report 14 February 2019



Culmore Manor Care Centre

Type of Service: Nursing Home (NH)
Address: 39 Culmore Road, Londonderry BT48 8JB
Tel No: 028 7135 9302
Inspector: James Lavery

www.rqia.org.uk

Assurance, Challenge and Improvement in Health and Social Care

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

This is a registered nursing home which is registered to provide nursing care for up to 56 persons.

3.0 Service details

Organisation/Registered Provider: Larchwood Homes (NI) Ltd Responsible Individual: Christopher Walsh	Registered Manager: See Box Below
Person in charge at the time of inspection: Upon arrival, Staff Nurse Mary Donnelly was the person in charge. Ryan O'Donnell then arrived into the home mid-morning.	Date manager registered: Ryan O'Donnell – Registration Pending
Categories of care: Nursing Home (NH) I – Old age not falling within any other category PH – Physical disability other than sensory impairment	Number of registered places: 56 A maximum of 46 patients in category NH-I and a maximum of 10 patients in category NH-PH.

4.0 Inspection summary

An unannounced inspection took place on 14 February 2019 from 09.50 to 17.00 hours.

This inspection was underpinned by The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Nursing Homes Regulations (Northern Ireland) 2005 and the Care Standards for Nursing Homes 2015.

The inspection assessed progress with any areas for improvement identified during and since the last inspection and to determine if the home was delivering safe, effective and compassionate care and if the service was well led.

Evidence of good practice was found in relation to the personalisation of patients' bedrooms, staff supervision, staff interaction with patients and relatives, and collaboration with the multi-professional team. Further areas of good practice were also found in regard to monitoring the professional registration of staff and monthly monitoring visits.

Two areas for improvement under regulation were identified in relation to infection, prevention and control (IPC) standards and the first floor treatment room. Seven areas for improvement under the standards were also found in regard to the internal environment, the repositioning of patients, nurse call responses, planned activities, the dining experience of patients and the auditing of care records.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings. There was evidence that the management team listened to and valued patients and their representatives and taking account of the views of patients.

The findings of this report will provide the home with the necessary information to assist them to fulfil their responsibilities, and enhance practice and patients' experience.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	2	7*

*The total number of areas for improvement includes two standards which have each been stated for a second time.

Details of the Quality Improvement Plan (QIP) were discussed with Ryan O'Donnell, manager, and Chris Walsh, operations manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent inspection

The most recent inspection of the home was an unannounced care inspection undertaken on 9 August 2018. Other than those actions detailed in the QIP no further actions were required to be taken. Enforcement action did not result from the findings of this inspection.

5.0 How we inspect

Prior to the inspection a range of information relevant to the service was reviewed. This included the following records:

- notifiable events since the previous care inspection
- the registration status of the home
- written and verbal communication received since the previous care inspection which may include information in respect of serious adverse incidents (SAI's), potential adult safeguarding issues and whistleblowing
- the previous care inspection report
- the returned QIP from the previous care inspection
- pre-inspection audit

During the inspection the inspector met with eight patients individually and other patients who were sitting within group settings; seven patients' relatives/representatives; four staff and one visiting professional. Questionnaires were also left in the home to obtain feedback from patients and patients' representatives. Ten patients' questionnaires and 10 patients' relatives/representatives questionnaires were left for distribution. The inspector provided the manager with 'Have we missed you cards' which were then placed in a prominent position to allow patients and their relatives/representatives, who were not present on the day of inspection, the opportunity to give feedback to RQIA regarding the quality of service provision.

A poster informing visitors to the home that an inspection was being conducted was also displayed.

The following records were examined and/or discussed during the inspection:

- records confirming registration of staff with the Nursing and Midwifery Council (NMC) and the Northern Ireland Social Care Council (NISCC)
- staff training records for the period 2018/19
- incident and accident records
- one staff recruitment and induction file
- four patients' care records
- two patients' repositioning supplementary care records
- staff supervision and appraisal system
- a selection of governance audits including those relating to the internal environment, wound care, patients' weight loss and restrictive practice
- complaints records
- adult safeguarding records and notifiable incidents to RQIA
- RQIA registration certificate
- monthly quality monitoring reports undertaken in accordance with Regulation 29 of The Nursing Homes Regulations (Northern Ireland) 2005

The findings of the inspection were provided to the manager and operations manager at the conclusion of the inspection.

Areas for improvement identified at the last care inspection were reviewed and assessment of compliance recorded as met, partially met or not met.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 9 August 2018

The most recent inspection of the home was an unannounced care inspection. The completed QIP was returned and approved by the care inspector and will be validated during this inspection.

6.2 Review of areas for improvement from the last care inspection dated 9 August 2018

Areas for improvement from the last care inspection		
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005		Validation of compliance
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection.	Met
	Action taken as confirmed during the inspection: Observation of the internal environment confirmed that the IPC areas for improvement identified during the previous care inspection had been satisfactorily addressed.	
Area for improvement 2 Ref: Regulation 14 (2) (a) (c) Stated: First time	The registered persons must ensure that all chemicals are securely stored in keeping with COSHH legislation to ensure that patients are protected from hazards to their health at all times.	Met
	Action taken as confirmed during the inspection: Review of the environment highlighted that COSHH legislation was adhered to in the majority of areas. Those areas in which this was not the case, were immediately highlighted to the manager who ensured that all chemicals were stored appropriately. It was further agreed with the manager that adherence to COSHH legislation will form part of ongoing staff supervision and meetings throughout 2019. It was also confirmed that staff compliance with COSHH requirements will be regularly reviewed as part of ongoing governance audits by the manager and monthly monitoring visits.	

Area for improvement 3 Ref: Regulation 13 (4) Stated: First time	The registered person shall ensure that all medicines are stored safely and securely within the home at all times.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that no topical medications were stored inappropriately within the home.	
Area for improvement 4 Ref: Regulation 14 (2) (a)(c) Stated: First time	The registered persons must ensure that all parts of the home to which patients have access are free from hazards to their safety and that all unnecessary risks to their health and safety are eliminated as far as is reasonably practicable. This relates specifically to management of the laundry area.	Met
	Action taken as confirmed during the inspection: It was noted that the laundry area was maintained in a secure and safe manner throughout the inspection.	
Area for improvement 5 Ref: Regulation 12 (1) (a)(b), Stated: First time	The registered person shall ensure that nursing staff adhere to all relevant multi-professional recommendations with regards to the delivery of wound care. Any deviation from such recommendations should be documented with rationale for such a decision clearly evidenced.	Met
	Action taken as confirmed during the inspection: The care records for one patient who required regular wound care were reviewed. This is discussed further in Section 6.3.2.	
Action required to ensure compliance with The Care Standards for Nursing Homes (2015)		Validation of compliance
Area for improvement 1 Ref: Standard 44 Stated: First time	The registered person shall ensure that there is a robust system in place which ensures that staff have recorded individual, formal supervision according to the home's procedures, no less than every six months for staff who are performing satisfactorily.	Met

	Action taken as confirmed during the inspection: Review of governance records and feedback from the manager and staff confirmed that this area for improvement was satisfactorily met.	
Area for improvement 2 Ref: Standard 44 Stated: First time	The registered person shall ensure that all rooms within the home are safe, well maintained and remain suitable for their stated purpose.	Met
	Action taken as confirmed during the inspection: Observation of the environment confirmed that all rooms within the home were safe, well maintained and suitable for their stated purpose.	
Area for improvement 3 Ref: Standard 4 Stated: First time	The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care: <ul style="list-style-type: none"> • A comprehensive and person centred care plan shall be in place which is reflective of relevant risk assessment(s) and clearly outlines the nursing care required. • The care plan should also meaningfully reference the use of any pressure relieving equipment. • All supplementary repositioning records shall be completed in an accurate, legible, comprehensive and contemporaneous manner at all times. 	Not met
	Action taken as confirmed during the inspection: Care records and supplementary repositioning records were reviewed for two patients who required assistance with repositioning. This is discussed further in Section 6.3.2. This area for improvement has not been met and is stated for a second time.	

<p>Area for improvement 4</p> <p>Ref: Standard 12</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system is in place which facilitates the accurate communication of patients' dietary needs to kitchen staff and that a record of such communication is maintained. The registered person shall also ensure that appropriate modified dietary options are available for patients throughout the day, specifically those offered from the mid-morning/afternoon tea trolley.</p> <p>Action taken as confirmed during the inspection: Discussion with kitchen and nursing staff highlighted an inconsistent understanding of the dietary needs for one patient. It was also noted that the mid-afternoon trolley lacked a suitable alternative for those patients requiring a modified diet. These observations are discussed further in Section 6.3.3.</p> <p>This area for improvement has not been met and is stated for a second time.</p>	<p>Not met</p>
<p>Area for improvement 5</p> <p>Ref: Standard 35</p> <p>Stated: First time</p>	<p>The registered person shall ensure that a robust system of audits is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. Such governance audits shall be completed in accordance with legislative requirements, minimum standards and current best practice. This relates specifically to the catering audit referenced within this report.</p> <p>Action taken as confirmed during the inspection: Discussion with the manager highlighted that the catering audit which was reviewed during the previous care inspection, was no longer in use. The ways in which the manager presently quality assures the dining experience of patients was discussed and it was confirmed that this is an aspect of care which the manager will continue to focus on.</p>	<p>Met</p>

6.3 Inspection findings

6.3.1. The internal environment.

Upon arrival to the home, several patients were noted within the ground floor dining area finishing breakfast while other patients were either being escorted to a lounge area or were having breakfast within their bedrooms. The entrance area appeared clean, tidy and spacious and was used periodically by some patients who liked to sit there throughout the day.

An inspection of the home's environment was undertaken and the inspector viewed a number of bedrooms, bathrooms, lounges, dining rooms and storage areas. Patients' bedrooms, lounges and dining rooms were found to be warm and comfortable. The majority of patients' bedrooms, were personalised with photographs, pictures and personal items. It was noted however, that wardrobes within three identified bedrooms were not securely attached to the wall. An area for improvement under the standards was highlighted. It was also agreed that checking the secure fitting of all patients' wardrobes would be added to the current schedule of regular duties for maintenance staff. The general décor of patients' bedrooms and communal areas was also discussed with the manager. The manager stated that he intends discussing potential improvements to the environment with patients and their relatives during a patient/relative meeting which is to be scheduled before the end of February 2019. The manager agreed that further refurbishment to the home was necessary, particularly in communal areas and along patient corridors, and was keen to introduce brighter colour schemes which would enhance patient experience. An area for improvement under the standards was identified which includes the submission of a time bound refurbishment plan for the home to RQIA.

While observing the first floor treatment room, it was noted that the area was left unattended by staff on occasion and was therefore left unsecured. The need to ensure that the area is secure at all times and does not pose a risk to patients was stressed. An area for improvement under regulation was made.

Deficits with regards to the delivery of care in compliance with infection, prevention and control best practice standards were noted, namely: two identified linen rooms were untidy with some items lying on the floor; one linen trolley was poorly organised and was left inappropriately beside a laundry skip; one identified communal bathroom on the first floor was used inappropriately for storage and the bedrail cover within one patient's bedroom was found to be in poor repair. These deficits consequently impacted the ability of staff to deliver care in compliance with IPC best practice standards and guidance. An area for improvement under regulation was therefore made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the personalisation of patients' bedrooms.

Areas for improvement

Two areas for improvement under regulation were identified in regard to the internal environment. Two further areas for improvement under the standards were also noted in regard to bedroom wardrobes and the need for further refurbishment.

	Regulations	Standards
Total number of areas for improvement	2	2

6.3.2. Care delivery.

There was evidence of multi-disciplinary working and collaboration with professionals such as GPs, Tissue Viability Nurses (TVN), dieticians and speech and language therapists (SALT). Regular communication with representatives within the daily care records was also found. One visiting professional was spoken with during the inspection and advised the inspector that “staff are very receptive.”

The provision of wound care to patients was reviewed during the inspection. The care records for one patient who required regular wound care evidenced that person centred and comprehensive risk assessments and care plans were in place. Review of supplementary wound care records and feedback from nursing staff confirmed that the patient's wound was regularly attended to in keeping with recommendations made by the multi-professional team. The manager was encouraged to ensure that out of date care plans are archived in a timely manner by staff and that nursing staff maintain a consistent approach to where they document the provision of wound care at all times.

The repositioning of patients was also considered. The care records for two patients who required regular assistance with repositioning were reviewed. It was positive to note that pressure relieving mattresses were in place for both patients. However, the use of such equipment was not consistently referenced in appropriate care plans by nursing staff. Risk assessments which focus on patients' risk of developing pressure sores were in place for both patients although care plans did not consistently reference the frequency with which patients should be assisted with repositioning. Supplementary repositioning records, which were of poor quality in some instances, also evidenced that both patients had not been repositioned in keeping with their assessed needs at all times. An area for improvement was stated for a second time.

Staff interactions with patients throughout the inspection were observed to be kind and respectful. Staff were also observed engaging enthusiastically and spontaneously with patients on several occasions. However, it was noted that staff did not always respond to patients using their bedroom nurse call, as quickly as possible. This was highlighted to the manager who stated that he had recently discussed this observation with another member of the multi-professional team who had brought this to his attention. One patient who spoke with the inspector also stated, “Sometimes there's a wait when you use the buzzer.” It was agreed with the manager that this aspect of care delivery would be closely monitored by the manager so as to ensure that patients' use of the nurse call system is responded to in a timely manner at all times. An area for improvement was made.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff interaction with patients and collaboration with the multi-professional team.

Areas for improvement

One area for improvement was stated for a second time in regard to the repositioning of patients. A second area for improvement was also identified in relation to staff responding to the nurse call system.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.3. The dining experience.

Observation of the lunch time meal evidenced that patients were given a choice in regards to the meals being served. The dining area appeared to be clean, tidy and appropriately spacious for patients and staff. Staff also discreetly provided clothes protectors to those patients who required or requested one. Some patients preferred to eat lunch within their bedrooms and staff were noted delivering lunch to these patients on trays and with food appropriately covered. The main course consisted of roast gammon or chicken pie, with apple crumble and custard as the dessert. Meals appeared warm and appetising as they were being served to patients. During the afternoon, one patient commented, "The lunch was lovely."

Nursing and care staff demonstrated a good knowledge of patients' wishes, preferences and assessed needs as identified within the patients' care plans and associated SALT dietary requirements. However, feedback from kitchen staff highlighted an incorrect understanding of one patient's assessed dietary needs. It also highlighted that some kitchen staff had an inadequate understanding of the International Dysphagia Diet Standardisation Initiative (IDDSI) which is now regionally used for the care of older people and provides a new framework for setting new standards and definitions to describe foods and fluids for patients requiring modified diets. Following the inspection, and at the inspector's request, the manager confirmed that all kitchen records were updated to ensure that the dietary needs of patients were accurately referenced; that IDDSI information to raise staff awareness was on display within the kitchen area and staff room; and that further IDDSI training would be arranged for kitchen staff as required.

Observation of the mid-afternoon tea trolley also highlighted that there was no suitable alternative for those patients requiring a modified diet. This was discussed with the cook who was able to show the inspector that a selection of mousses had been prepared for those patients but had not been added to the trolley. This was discussed with the manager and it was emphasised that suitable dietary options should be available for all patients on mid-morning and mid-afternoon tea trolleys at all times. These shortfalls were discussed with the manager and operations manager and an area for improvement was stated for a second time.

The general décor of the ground floor dining room, which appeared tired in appearance, was discussed with the manager. The inspector highlighted that the majority of ceiling light bulbs were not working and that there was no clearly visible and easy to read menu in place for patients. One patient had commented to the inspector that a larger menu had previously been displayed on the dining room wall which they considered to be much better. It was agreed that refurbishment of the ground floor dining room should form part of a wider refurbishment plan, as referenced in Section 6.3.1.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to nursing/care staff knowledge of patients' dietary needs.

Areas for improvement

One area for improvement was stated for a second time in regard to the dining experience of patients.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3.4. Activities and engagement with patients / relatives.

Signage was noted within the home which is used to inform patients and visitors about planned activities. However, this signage in one area was noted to be out of date and only contained partial information. The inspector discussed the provision of activities with several patients who stated:

- "The staff are very kind ... I've no idea if anything is happening today."
- "There's not a lot of activities."

The need for a structured activity programme which considers patients' social and emotional needs, and which is sufficiently varied for all patients was highlighted to the manager. An area for improvement was stated.

Staff interactions with patients were observed to be compassionate and caring. Discussion with the manager and staff confirmed that they were aware of the need to deliver care in a holistic and person-centred manner.

Feedback received from several patients during the inspection included the following comments:

- "I'm very well looked after."
- "The girls look after me well."
- "I'm very happy with the staff."

Feedback received from patients' relatives/representatives during the inspection included the following comments:

- "We've no concerns."
- "(Culmore Manor Care Centre) is very good."

In addition to speaking with patients, patients' relatives and staff, RQIA provided 10 questionnaires for patients and 10 questionnaires for patients' relatives/representatives to complete. A poster was also displayed for staff inviting them to provide online feedback to RQIA.

At the time of writing this report, no questionnaires have been returned within the specified timescales. Questionnaire comments received after specified timescales will be shared with the manager as necessary.

Patients who could not verbalise their feelings in respect of their care were observed to be relaxed and comfortable in their surroundings and in their interactions with staff.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff engagement with patients and their relatives/representatives.

Areas for improvement

One area for improvement was stated in regard to the provision of planned activities.

	Regulations	Standards
Total number of areas for improvement	0	1

6.3.5. Governance.

Discussion with the manager and staff evidenced that there was a clear organisational structure within the home. All staff spoken with were able to describe their roles and responsibilities. Staff also stated that management was responsive to any suggestions or concerns raised. In discussion, patients were aware of the roles of the staff in the home and whom they should speak to if they had a concern. All staff who were spoken with also confirmed that they felt they could speak to their line manager or the manager if they had a concern about patient care. One staff member told the inspector, "Ryan (manager) is so for the residents ... residents are his priority."

The registration certificate was up to date and displayed appropriately. Discussion with the manager evidenced that the home was operating within its registered categories of care.

Review of notification records evidenced that all notifiable incidents were reported to the Regulation and Quality Improvement Authority (RQIA) in accordance with Regulation 30 of the Nursing Homes Regulations (Northern Ireland) 2005.

Discussion with the manager and review of records evidenced that there were effective arrangements for monitoring and reviewing the registration status of nursing staff with the Nursing and Midwifery Council and care staff with the Northern Ireland Social Care Council. Records confirmed that the manager had reviewed the registration status of staff on a monthly basis.

A review of records evidenced that monthly monitoring reports were completed in accordance with Regulation 29 of the Nursing Homes Regulations (Northern Ireland) 2005. Copies of the reports were available for patients, their representatives, staff and Trust representatives.

Staff recruitment information which is required in compliance with Regulation 21, Schedule 2 of the Nursing Homes Regulations (Northern Ireland) 2005 was available for inspection and found to be satisfactory.

A review of records evidenced that systems were in place to monitor and report on the quality of nursing and other services provided. For example, audits were completed in accordance with best practice guidance in relation to the internal environment, wound care and those patients who had experienced weight loss. However, it was noted that a regular care records audit was yet to be implemented by the manager. Review of the most recent care records audit was also found to be insufficiently robust so as to ensure that identified care record deficits would be effectively addressed by staff. An area for improvement was stated.

Observation of one communal lounge also highlighted that patient and staff records were not being stored in keeping with best practice standards. This was highlighted to the manager and it was stressed that all such records must be appropriately stored at all times. The manager ensured that the identified records were appropriately stored before completion of the inspection.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to monitoring the professional registration of staff and monthly monitoring visits.

Areas for improvement

One area for improvement was stated in regard to the auditing of care records.

	Regulations	Standards
Total number of areas for improvement	0	1

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Ryan O'Donnell, manager, and Chris Walsh, operations manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the home. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with The Nursing Home Regulations (Northern Ireland) 2005 and The DHSSPS Care Standards for Nursing Homes (2015).

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan	
Action required to ensure compliance with The Nursing Homes Regulations (Northern Ireland) 2005	
Area for improvement 1 Ref: Regulation 13 (7) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the treatment room is appropriately secured at all times when not in use. Ref: 6.3.1.
	Response by registered person detailing the actions taken: Keypad now insitu on treatment room door. Key code available to relevant personnel only
Area for improvement 1 Ref: Regulation 14 (2) (a)(c) Stated: First time To be completed by: With immediate effect	The registered person shall ensure that the infection prevention and control issues identified during this inspection are managed to minimise the risk and spread of infection. Ref: 6.3.1.
	Response by registered person detailing the actions taken: Supervisions held with all care staff to ensure that key issues raised during inspection are adressed.
Action required to ensure compliance with the Department of Health, Social Services and Public Safety (DHSSPS) Care Standards for Nursing Homes, April 2015	
Area for improvement 1 Ref: Standard 4 Stated: Second time To be completed by: With immediate effect	The registered person shall ensure the following in regards to the management of patients who require assistance with repositioning and pressure area care: <ul style="list-style-type: none"> • A comprehensive and person centred care plan shall be in place which is reflective of relevant risk assessment(s) and clearly outlines the nursing care required. • The care plan should also meaningfully reference the use of any pressure relieving equipment. • All supplementary repositioning records shall be completed in an accurate, legible, comprehensive and contemporaneous manner at all times. Ref: 6.2 & 6.3.2.
	Response by registered person detailing the actions taken: Care plans pertaining to pressure care are reviewed and rewritten accordingly to ensure it is comphrehensive and accurate. Repositioning records changed to new documentation and supervision held with senior care staff to ensure use of new documentation.

<p>Area for improvement 2</p> <p>Ref: Standard 12</p> <p>Stated: Second time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that a robust system is in place which facilitates the accurate communication of patients' dietary needs to kitchen staff and that a record of such communication is maintained. The registered person shall also ensure that appropriate modified dietary options are available for patients throughout the day, specifically those offered from the mid-morning/afternoon tea trolley.</p> <p>Ref: 6.2 & 6.3.3.</p> <p>Response by registered person detailing the actions taken: Diet notification file that includes new IDDSI guidelines a long with each residents needs, diet type, allergies and level of assistance held by both nursing staff and kitchen staff. Training arranged for kitchen staff for IDDSI guidelines.</p>
<p>Area for improvement 3</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: 11 April 2019</p>	<p>The registered person shall ensure that the areas relating to the environment identified in the report are addressed.</p> <p>A detailed refurbishment action plan with firm timescales for improvement should be forwarded to RQIA along with completed QIP.</p> <p>Ref: 6.3.1 & 6.3.3.</p> <p>Response by registered person detailing the actions taken: Refurbishment and decoration ongoing. Key areas of the home identified and plan in place to ensure completion.</p>
<p>Area for improvement 4</p> <p>Ref: Standard 43</p> <p>Stated: First time</p> <p>To be completed by: With immediate effect</p>	<p>The registered person shall ensure that all patients' bedroom wardrobes are secured appropriately as required in order to promote the safety and wellbeing of patients. The checking of all wardrobes to this effect, shall form part of regular maintenance staff duties.</p> <p>Ref: 6.3.1</p> <p>Response by registered person detailing the actions taken: All wardrobes secured in bedrooms. Audit now in place to be completed by maintenance staff and reviewed by home manager monthly.</p>

Area for improvement 5 Ref: Standard 35 Stated: First time To be completed by: 11 April 2019	<p>The registered person shall ensure that a process is in place which facilitates the regular monitoring and review of staff responses to the nurse call system. This process should demonstrate how delayed staff responses to the nurse call system are addressed.</p> <p>Ref: 6.3.2.</p> <p>Response by registered person detailing the actions taken: Supervision held with all care and nursing staff, audits carried out by homanager to ensure compliance with expectations of the company.</p>
Area for improvement 6 Ref: Standard 11 Stated: First time To be completed by: 11 April 2019	<p>The registered person shall ensure that there is programme of activities and events for patients which are person centred and which reflect individual patients' assessed social and emotional needs. The nature and duration of activities provided must be appropriately recorded and traceable to individual patients.</p> <p>Ref: 6.3.4.</p> <p>Response by registered person detailing the actions taken: New activity plan in place and plan in place for development of person centred care prescriptions for activities for each resident.</p>
Area for improvement 7 Ref: Standard 35 Stated: First time To be completed by: With immediate effect	<p>The registered person shall ensure that a robust care records audit is implemented and maintained to promote and make proper provision for the nursing, health and welfare of patients. This audit shall be completed in accordance with legislative requirements, minimum standards and current best practice.</p> <p>Ref: 6.3.5.</p> <p>Response by registered person detailing the actions taken: Care prescription audits that are comprehensive in place and carried at suitable intervals by home manager and clinical leads.</p>

****Please ensure this document is completed in full and returned via Web Portal***



The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)

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